

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Greenwood Resources, Inc.

Address  
116 Inverness Dr. East Englewood, CO 80112

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kirtland	Well No. 4	Pool Name, including Formation Cha Cha Gallup/Gallup	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> : <u>595</u> Feet From The <u>West</u> Line and <u>1450</u> Feet From The <u>North</u> Line of Section <u>18</u> Township <u>29 N</u> Range <u>14 W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Corporation-8777 E. Via De Ventura #100 Scottsdale, AZ 85258	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas 1729 E. 21st ST. PO Box 990 Farmington, N.M. 87401	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit: <u>E</u> Sec.: <u>18</u> Twp.: <u>29 N</u> Rge.: <u>14 W</u>	Is gas actually connected? _____ When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

James P. Rader  
(Signature)  
Operations Manager  
(Title)  
11-4-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
BY Frank J. [Signature] NOV 10 1986  
SUPERVISOR DISTRICT # 8  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.